

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
TOP LINE FORM 20-0251

SERIAL NO.

14576 369  
APPLICANT(S)

FILING DATE

3/3/05

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2				1		
3				2		
4				1		
5				1		
6				1		
7			1			
8				1		
9				2		
10				1		
11				1		
12				1		
13				1		
14				1		
15				1		
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49						
50						
TOTAL IND.			2			
TOTAL DEP.			18			
TOTAL CLAIMS			20			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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